



Important Considerations When Building an OA FSP

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MHSA Planning Process

San Mateo County's planning process targeted the needs of the different age groups:

Older Adults

Adults

Transition Age Youth

Children

Planning Process for Older Adults

- Information used in developing the Older Adult FSP came from:
- Focus Groups
- Older Adult Work Group

Focus Groups

- Twenty-two focus groups targeted older adults
- A total of 276 participants were involved in these 22 focus groups and community meetings.

Older Adult Focus Group Highlights

- Need for staff from the same cultures as the older adult consumers.
- Need for closer coordination with the primary care system.
- Need for services to be delivered in a natural setting and in an integrated manner.

Older Adult Focus Group Highlights

- Need for 24/7 crisis services
- Need for services for older adults to be designed explicitly for older adults
- Need for different levels of housing

Older Adult Work Group

- FSP should enable older adults to live in the least restrictive setting possible by providing additional supports.
- FSP needs to be culturally diverse and provide culturally competent services to populations currently underserved.

FSP Plan Development

- Mental Health went through an RFP process to select contractor to provided FSP services.
- Telecare Corporation was awarded this contract based on their extensive experience providing this model of services including the AB 2034 Homeless Outreach Program and the STAGES Program in Alameda for older adults.

FSP Plan Development

- Mental Health also used an RFP process to select a separate contractor to handle the housing component of the FSP.
- Mental Health Association of San Mateo County (MHA) was awarded this contract based on their long history of providing and overseeing housing.
- Memo of Understanding created between Telecare and MHA.

Older Adult FSP Admission Criteria

- Seriously Mentally Ill
- Locus level of 4 or higher
- Age 60 and over/younger if medically fragile
- At risk of institutionalization
- Able to step down to less restrictive setting with additional supports

FSP Capacity

- 50 slots for Older Adult/Medically Fragile FSP Services
- 20 slots for Older Adult/Medically Fragile FSP Housing

Older Adult FSP Staffing

- Clinical Director
- Psychiatrist
- Nurse Practitioner
- RN
- Personal Service Coordinator II – 2 positions
- Personal Service Coordinator I

Referral Process

- FSP referrals are made by County staff and Community agency direct service providers
- Submitted FSP referrals are reviewed by Mental Health Clinical Services Managers
- Reviewed referrals are given to FSP Contractor for follow-up

Enrollment Process

- Contractor coordinates with outpatient treatment providers during outreach and engagement phase.
- Upon enrollment into FSP other outpatient Mental Health Services are terminated.

Service Values

- Community-based
- Consumer-directed
- Recovery-based

Service Model

- 24 hours per day/7 days per week
- 1 staff for every 10 members
- Multi-disciplinary team approach
- “Whatever it takes” philosophy

Occupational Therapy Assessment

- Screening
- Formal Assessment
- Orientation to new environment
- Organization of living space



Housing Considerations

- Level of Care determination
- Housing Search
 - ◆ Property Management
- Furnishing
- Move-in

Collaboration

- Formal and informal collaboration is key
- Close working relationship with Conservators
- Coordination with PCP
- Interface with IHSS, APS, Board & Care, SNF...

Collaboration

- Interface between the county and the contractor providers
- Interface between the contractors

Communication

- Ongoing, clear communication is critical
- Need to develop communication tools
 - ◆ Master telephone list
- Important to share information and resources

Protocols and Procedures

- Referral process
- Enrollment process
- Conservator consents
- Housing agreements

Lessons Learned

- Develop reasonable expectations and timelines
- Philosophy needs to be converted into action
- Importance of building relationships

Lessons Learned

- Need to manage different approaches and comfort with risk
- Importance of staff training in Recovery Model and older adult population needs
- Need for structured evening and weekend program

Special Considerations For OA FSP

- More medical co-morbidity
- More co-occurring cognitive impairment
- No single OA assessment tool for all needs
 - ◆ Mental Health
 - ◆ Medical
 - ◆ Cognitive

Special Considerations for OA FSP

- More providers to coordinate and integrate
- More frail and vulnerable
- More isolated
- Special substance abuse issues

Special Considerations for OA FSP

- Evaluation of need for assistance vs. training
- Need to consider goal to “age in place” in selecting housing
- Definition of Recovery for Older Adult
- Role of family and community

Engagement Considerations

- Takes more time to do outreach and assessment
- Need to adapt to OA slower pace
- OA attachment to current providers vs. need for more intensive services
- Need for patience and persistence

Implementation Considerations

- Must be field-based
- Need for extensive interagency collaboration
- Need to establish multi-disciplinary team
- Need to do a comprehensive assessment
- Need creative “Whatever it Takes” approach

A scenic landscape at sunset or sunrise. The sky is filled with vibrant orange, red, and yellow clouds, with a bright sun low on the horizon. The foreground shows the dark silhouette of a forest and mountains. The overall mood is peaceful and dramatic.

Anecdotal Stories

Questions / Dialogue with the Audience

- How is cultural relevance implemented in the OA FSP?
- How is the “team approach” meeting the family / client driven value?
- How is the senior’s community collaborated with?
- Is the concept of Recovery different for a senior?
- How will the FSP team know if they are providing an “integrated service experience” for the enrollee?